

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2009</h3>		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/784,957-Conf. #8450
		Filing Date	February 25, 2004
		First Named Inventor	Jae YOO
		Examiner Name	G. A. Smarth
		Art Unit	2446
TOTAL AMOUNT OF PAYMENT		(\$)	810.00
		Attorney Docket No.	1630-0494PUS1

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 02-2448	Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	330	165	540	270	220	110	_____
Design	220	110	100	50	140	70	_____
Plant	220	110	330	165	170	85	_____
Reissue	330	165	540	270	650	325	_____
Provisional	220	110	0	0	0	0	_____

2. EXCESS CLAIM FEES																
Fee Description	Fee (\$)	Small Entity Fee (\$)														
Each claim over 20 (including Reissues)	52	26														
Each independent claim over 3 (including Reissues)	220	110														
Multiple dependent claims	390	195														
<table style="width: 100%;"> <tr> <th style="text-align: left;">Total Claims</th> <th style="text-align: left;">Extra Claims</th> <th style="text-align: left;">Fee (\$)</th> <th style="text-align: left;">Fee Paid (\$)</th> <th style="text-align: left;">Multiple Dependent Claims</th> <th style="text-align: left;">Fee (\$)</th> <th style="text-align: left;">Fee Paid (\$)</th> </tr> <tr> <td>23</td> <td>- 35 or HP</td> <td>x _____ =</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>			Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)	23	- 35 or HP	x _____ =	_____	_____	_____	_____
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)										
23	- 35 or HP	x _____ =	_____	_____	_____	_____										
HP = highest number of total claims paid for, if greater than 20.																
<table style="width: 100%;"> <tr> <th style="text-align: left;">Indep. Claims</th> <th style="text-align: left;">Extra Claims</th> <th style="text-align: left;">Fee (\$)</th> <th style="text-align: left;">Fee Paid (\$)</th> </tr> <tr> <td>2</td> <td>- 3 or HP</td> <td>x _____ =</td> <td>_____</td> </tr> </table>							Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	2	- 3 or HP	x _____ =	_____		
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)													
2	- 3 or HP	x _____ =	_____													
HP = highest number of independent claims paid for, if greater than 3.																

3. APPLICATION SIZE FEE					
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).					
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)	
_____	- 100 = _____	/50 = _____ (round up to a whole number) x _____ =	_____	_____	
4. OTHER FEE(S)					Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)					
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ...					810.00

SUBMITTED BY			
Signature	Registration No. (Attorney/Agent)	40,953	Telephone (703) 205-8000
Name (Print/Type) Esther H. Chong		Date	February 9, 2010

DAVID A. BILODEAU
USPTO #42,325